

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2002 - JUNE 30, 2003**

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS
2003 JUL 15 A 8:03

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HEALTH AND HUMAN SERVICES

Division/Unit: SOUTH REGION PUBLIC HEALTH CENTER MS518

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	6	Hours	119.5	x	\$16.54	=	\$1,976.53
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Types of work performed by GENERAL VOLUNTEERS in this category:

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	N/A	Hours	0	x	\$16.54	=	
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

NONE

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

Position	Hours	x	VCL	=	Dollar Benefit
MD	81	x	40.89	=	\$ 3,312.09

No. Vol.	1	Total Hours	81	Total Value	\$3,312.09
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

Assist in the well-child clinic once a week.

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d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar</u>	<u>Benefit</u>
2a:	<u>6</u>	<u>119.5</u>	<u>\$ 1,976.53</u>	
2b:	<u>0</u>	<u>0</u>	<u>\$ 0</u>	
2c:	<u>1</u>	<u>81.0</u>	<u>\$ 3,312.09</u>	

TOTALS:	<u>6</u>	<u>200.5</u>	<u>\$ 5,288.62</u>	
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

<u>Item Donated</u>	<u>Value</u>	<u>Item Donated</u>	<u>Value</u>
mag. subscription	\$ 129.00 mo.	Insuline med. equip.	\$ 70.00
	\$		\$

TOTAL VALUE \$ 190.00

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours 15 x Rate \$ 15.50 =

\$ 232.50

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours 10 x Rate \$ 15.50 =

\$ 155.00

- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

Item	Cost
<u>On-the-Spot Recognition</u>	<u>10.00</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

TOTAL OF OTHER PROGRAM COSTS

=

\$ 10.00

- d. TOTAL OF VOLUNTEER PROGRAM COST =
(add 4a, 4b, and 4c)

\$ 397.50

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

- a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 5,288.62
- b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ 190.00
- ADD a + b \$ 5,478.62
- c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) (\$ 397.50)
- TOTAL PROGRAM BENEFIT \$ 5,081.12

6. **RECRUITING:**

Please describe your recruiting programs:

WORD-OF-MOUTH, STUDENTS NEEDING COMMUNITY SERVICE.

SOUTHWESTERN COLLEGE, SOUTHWEST HIGH SCHOOL.

MAXIMUS.

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Ability to concentrate on purging files and organize filling system.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2003-04:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Ability to hire at least two people to cover customer service, more purging,
and increase outreach efforts.

9. **GENERAL INFORMATION:**

Name of Person Completing Report: Paulina Bobenrieth, PHN Program Manager

Phone Number: 619 409-3474 Mail Stop S518 E-Mail Paulina Bobenrieth@sd
county.ca.gov

Volunteer Coordinator: Angelica Pimentel, Senoir Clerk

Phone Number: 619 409-3474 Mail Stop S518 E-Mail @sdcounty.ca.gov

10. **DEPARTMENT CERTIFICATION:**

Betty Ann Moore
DEPARTMENT HEAD SIGNATURE

6-9-03
DATE

Please return this report by Friday, July 18, 2003, to the Clerk of the Board Department:
MS A-45; 1600 Pacific Highway # 402, San Diego, CA 92101; FAX (619) 685-2259.